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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/649,470 08/28/2000 PAT 6,810,390
 and is a CIP of 09/748,889 12/27/2000 *J.B.*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Jon Ryan</i> Examiner's Signature	Initials		

ADDRESS
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TITLE
 Mail piece verification system having forensic accounting capability *J.B.*

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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☐ 1.18 Fees (Issue)☐ Other _____☐ Credit